COOPERATIVE AGREEMENT

BETWEEN

PUBLIC HEALTH—SEATTLE & KING COUNTY

AND THE

SEATTLE HIV/AIDS PLANNING COUNCIL

INTRODUCTION AND PURPOSE:

The Seattle HIV/AIDS Planning Council (Council) was appointed by the King County Executive in 1992, pursuant to 1) federal guidelines developed by the Health Resources and Services Administration (HRSA) following the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act legislation, 2) guidelines being developed by the US Centers for Disease Control and Prevention (CDC), and 3) to fulfill the Public Health—Seattle & King County's (Public Health's) need for a representative community process to help establish HIV/AIDS care and prevention service priorities. In the process, one community council was created from four prior community input groups: an HIV/AIDS Program Advisory Committee (begun in 1983), a Robert Wood Johnson Grant Steering Committee (starting 1986), an earlier HRSA Steering Committee (1987), and the Omnibus Grant Allocation Steering Committee (1989). In 2006 the CARE Act was rewritten and became the Ryan White HIV/AIDS Treatment Modernization Act (Ryan White).

Ryan White provides Part A funds to the Seattle Transitional Grant Area (TGA, including King, Snohomish, and Island Counties) and Part B funds to Washington State. A parity model pools these funds, and distributes an amount per living HIV case to each of the state's six AIDSNet regions. King County is AIDSNet region 4, and the Council plans for care services in King County. The CDC provides prevention funding to Washington State which allocates those funds to the AIDSNet regions within Washington State, including Region 4 (King County). These CDC funds and at least 50% of state AIDS Omnibus funds (in accord with an Ellensburg Agreement signed in 1999) must be responsive to prevention priorities set by the Council. Based on Council-set priorities, the Health Department issues requests for proposals from community partner agencies to procure contracts for HIV/AIDS care and prevention services and programs.

The Council consists of volunteers from local communities, with four officers; three are elected by the Council from the current Council membership, and the fourth is appointed by Public Health as the Public Health Prevention Co-Chair.

In 1995, after several years of operation, the Council and Public Health convened a joint work group to develop three work products which: (1) clarified the roles and responsibilities of each entity; (2) described a staffing model; and (3) developed a conflict resolution model. The intent of this work was to further strengthen the collaborative partnership between the Council and Public Health, and to maximize the efficiency, and reduce any duplication, of work performed by the Council and Public Health. This cooperative agreement was revised in 1996, 2004 and 2008 in response to new federal planning guidances.

In each case, a joint workgroup revised the agreement to incorporate new federal mandates and make the agreement consistent with changes in Council by-laws. The agreement also clarifies the

roles and responsibilities of the Council staff and defines the supervisory structure for the Council Administrator.

This cooperative agreement serves to package the components, listed below, within a written context, to describe stipulations related to the products, to formally recognize the mutual responsibilities of Public Health and the Council, and to provide a mechanism by which the Council and Public Health can formally agree to the products and stipulations as described.

SPIRIT AND INTENT

This Agreement recognizes the common interest and responsibilities shared by Public Health and the Council in prioritizing, allocating, and procuring contractors for the best array of care and prevention services, and in assuring that funded services and programs are evaluated and monitored appropriately. It is the intent of this agreement to acknowledge and foster a spirit of trust, cooperation and full partnership between Public Health and the Council. This Agreement should be interpreted and implemented in a manner that would be understood by any reasonable person.

In the event that the parties disagree on the interpretation of some aspect of this document, it is expected that they will attempt to negotiate their differences. If such negotiation is unsuccessful, they will turn to the appropriate, existing King County processes to resolve the conflict.

COMPONENTS OF THE AGREEMENT

The components of this Agreement include:

1. ROLES AND RESPONSIBILITIES

A document entitled “Roles and Responsibilities” (Attachment 1) describes the specific work that the Council and Public Health are required to perform in order to fulfill the community planning requirements of the funding sources. The most current HRSA and CDC guidance documents are incorporated by reference in this agreement. If any part of this agreement conflicts with the applicable grant or guidance, the grant or guidance will be the controlling document. Any changes to the guidance of either funding source will supercede this agreement and the Council and Public Health will incorporate those changes into this document and their practices.

The Roles and Responsibilities document describes the Council’s entire scope of work including work which is (a) mandated by Ryan White legislation, the Washington State AIDS Omnibus Act and the CDC Community Planning Guidance, and the Ellensburg Agreement and (b) determined by mutual agreement between Public Health and the Council as within the Council’s purview.

2. STAFFING MODEL

The Staffing Model (Attachment 2) describes the organizational structure for the functions and positions funded by Public Health through Ryan White, Omnibus and local funds that support the work of the Council. Current positions include the Planning Council Administrator, the Assessment and Evaluation Coordinator,, the Administrative Specialist II, the Care Services Program Manager, and the Prevention Planning Program Manager. It is understood that the specific positions may change, but that the functions will remain.

3. SUPERVISION PLAN FOR THE PLANNING COUNCIL ADMINISTRATOR

Conflicts of interests may arise in part because the Planning Council Administrator is a Public Health employee. This agreement contains a Supervision Plan for the Planning Council Administrator (Attachment 3) to effectively manage these potential conflicts of interest.

STIPULATIONS OF THE AGREEMENT

The following stipulations apply to the components of this agreement:

1. The Cooperative Agreement will be re-negotiated at the request of either the Council or Public Health.

2. The Planning Council Administrator will be an **exempt** employee appointed by the Director of Public Health, and subject to the City of Seattle and/or King County Codes, Charters, and policies and procedures. The Planning Council Administrator will report to the HIV/AIDS Program Manager for hiring, performance evaluations, and disciplinary issues. The Planning Council Administrator will confer with the Council Co-chairs regarding work assignments and day-to-day operations.

3. Public Health will hire the Planning Council Administrator via a collaborative hiring process which will include input from the Council Co-chairs and/or other Council members, and Public Health staff, as determined by the HIV/AIDS Program Manager.

4. The HIV/AIDS Program Manager will conduct an annual performance evaluation of the Planning Council Administrator as described in Attachment 3.

5. It is the intent of the staffing model and this agreement to acknowledge that the Council-designated positions funded by the CARE Act and Omnibus, including the Planning Council Administrator, Assessment and Evaluation Coordinator, Administrative Specialist II, Care Planning Manager, and Prevention Planning Manager, shall work in full partnership, collaboration and in a collegial spirit with other Public Health staff and with the Council. This shall take the form of mutual support and respect, and shall foster and maintain a close working relationship between the Council and Public Health. The Council Administrator shall work closely with the HIV/AIDS Program Manager, and with all other Public Health staff to ensure the production of timely, efficient, well planned and high quality products and processes that meet federal, state, and local funding guidelines. Whenever conflicts arise regarding the use of staff time or materials, ideas or opinions, behavior, procedural issues, efficiency, etc., the involved parties shall attempt to resolve the problem, but if they are unsuccessful, then the issues will be referred to County conflict resolution processes

6. The Planning Council Administrator will be the sole supervisor of the Council Administrative Specialist II and the Assessment and Evaluation Coordinator, who will be employed by Public Health and subject to Career or Civil service policies and procedures. (The Care Planning Manager and the Prevention Education Manager report to the HIV/AIDS Program Manager - see Attachment 2.) The Planning Council Administrator will receive input from the Council Co-chairs and will work in conjunction with the HIV/AIDS Program Manager to prepare and conduct performance evaluations for these positions; input will be gathered from Council members and Public Health staff as applicable.

7. Public Health, the Council, and the Council staff pledge to conduct their respective roles and responsibilities as depicted in “Roles and Responsibilities” (Attachment 1) under agreed upon timelines, in a spirit of cooperation and partnership, and acknowledge the interdependence of their roles and responsibilities in acquiring and spending Federal and State funding, and assuring that all funding stipulations are fulfilled.

COOPERATIVE AGREEMENT UNDERSTANDING

Our signatures indicate our understanding and acknowledgment of this agreement and its component parts, including the Roles and Responsibilities, the Staffing Model, and the Supervision Plan for the Planning Council Administrator:

For Public Health—Seattle & King County:

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David Fleming, MD, MPH
Director

Date
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Robert W. Wood, MD
AIDS Control Officer and
Council Public Health Prevention Co-Chair
Date
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For the Seattle HIV/AIDS Planning Council:

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Tony Radovich
Council Care Co-Chair

Date
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Higinio Martinez
Council Care Co-Chair

Date _____

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Erick Seelbach
Council Community Prevention Co-Chair

Date
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